



**LEE COUNTY  
OPEN RECORDS REQUEST**

1. Date of Record Request: \_\_\_\_\_
2. Name of Requesting Party: \_\_\_\_\_  
  
Mailing Address: \_\_\_\_\_  
  
Telephone No: \_\_\_\_\_ E-mail: \_\_\_\_\_
3. Description of Record of Document(s) Requested (to include subject of document, date of document, office, or author, if known): \_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_
4. Lee County Department to which request is being made: \_\_\_\_\_  
  
\_\_\_\_\_
5. I am aware that the County may charge for records under the Public Records Act. I agree to compensate Lee County for the reasonable cost of producing the records requested up to \$5.00. I understand that I will be contacted should the estimated cost of responding to my request be in excess of \$5.00 and that the County will hold my request until I have agreed to the extra cost.

\_\_\_\_\_  
Printed Name of Requestor

\_\_\_\_\_  
Signature

6. This form should be sent to Clerk to the Board, PO Box 1968, Sanford, NC, 27331-1968, (408 Summit Ave.), fax to 919-718-4623 or [jgamble@leecountync.gov](mailto:jgamble@leecountync.gov).